



**Australian Government**  
**Department of Immigration and Citizenship**

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# **Shepparton Regional Humanitarian Settlement Pilot**

**Summary report of an evaluation  
undertaken by Margaret Piper and Associates**

**for the**

**Department of Immigration and Citizenship**

**March 2007**

# EVALUATION OF SHEPPARTON REGIONAL SETTLEMENT PILOT

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# 1. Introduction

*If it is done right, regional settlement (of humanitarian entrants) has the potential to change the face of country Australia in terms of building harmony, understanding and respect.<sup>1</sup>*

If the success of the Shepparton Regional Humanitarian Settlement Pilot is to be measured according to long-term sustainable settlement and economic participation, the jury is still out. However, it is clear that the pilot has provided an excellent platform for long-term success and some useful lessons have been learnt along the way for future regional settlement initiatives.

There is widespread agreement that the pilot has been a positive experience for Shepparton, both for those involved in implementing the project and for the entrants as well. Ten Congolese refugee families have been welcomed into the community with exceptional generosity and have been given opportunities to participate in activities that are rarely offered to newcomers in a country town and out of the reach of most humanitarian entrants in major metropolitan areas.

This report details the outcomes of an evaluation of the Shepparton pilot that was carried out in late 2006. The evaluation focused on the processes undertaken to identify and establish the town as a settlement location and provides lessons for future activities in regional settlement. The settlement experience of the refugee entrants when settling in Shepparton will be evaluated through a separate project.

A background to the Shepparton pilot is provided in Section 2 of this report, including rationales and drivers for increasing regional settlement of humanitarian entrants and how Shepparton became involved. Section 3 describes the evaluation methodology and provides a summary of findings.

Section 4 provides more detailed discussion of the processes involved in identifying and establishing Shepparton as a regional settlement location and the implementation of settlement. Consideration is given to many aspects of the planning and implementation of the pilot and lessons that stakeholders have learnt along the way. These lessons are drawn out to inform future identification and establishment of new regional settlement locations.

During the research it also became apparent that there was a need for stakeholders to take stock of the initiative and set future directions, both in relation to providing ongoing support for the Congolese entrants and also supporting new entrants. Section 5 of the report identifies priorities for future activities in Shepparton and makes a range of recommendations for the way ahead. One of the most important recommendations is the end of the pilot should be formally marked. Those who have worked so hard for the pilot's success should be thanked and a clear delineation made between the pilot period and 'business as usual'.

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<sup>1</sup> Comment made by a member of the Steering Committee.

## 2. Background

While refugee and humanitarian entrants have been settling in regional centres for a number of decades, this has occurred largely through secondary migration (moving into a regional area from a major population centre) or because they have a link to the regional area (usually in the form of their proposer). Direct regional settlement (settlement of humanitarian entrants with no social connections in Australia in regional towns) has not hitherto occurred in a systematic or planned way.

In recent years, both the Commonwealth and some state governments have become aware of the considerable potential of regional settlement to address the settlement needs of humanitarian entrants while at the same time, reversing depopulation and addressing labour market shortages in regional centres. Expression was given to these views by Commonwealth-State Working Parties on Regional Migration in Victoria, NSW and South Australia and in a number of reports, in particular:

- DIMA's 2003 *Report of the Review of Settlement Services for Migrants and Humanitarian Entrants* which recommended<sup>2</sup> "that DIMA seek further opportunities to settle humanitarian entrants in regional Australia and liaise more closely with relevant stakeholders regarding regional locations where employment opportunities exist and appropriate services and community support exist or may be developed"
- the August 2004 report of the Commonwealth-Victoria Working Party on Migration which supported the trialing of regional settlement in Victoria, subject to the identification of a suitable location or locations.

In 2004, the Department developed criteria to guide selection of new regional settlement locations in consultations with state and territory governments. In brief, they include commitment from all levels of government, availability of appropriate services (both mainstream and specialist), appropriate employment opportunities, and a welcoming environment.

At the same time, discussions commenced between Commonwealth, state and local governments about conducting pilots in locations that met these criteria. In Victoria, Shepparton and Warrnambool emerged as possible locations. Following in-principle Ministerial approval, discussions were held with local stakeholders, including local government, service providers and employer groups.

These discussions aimed to gauge local support for a small-scale pilot project involving the settlement of ten unlinked refugee families. Shepparton expressed strong support (with only minor reservations in the area of health delivery) whereas Warrnambool expressed a preference to hold off (Warrnambool had recently received a number of Sudanese families from Melbourne as part of an internal migration strategy and preferred to consolidate support for this group).

A Steering Committee was established in Shepparton to work with DIAC Victoria to prepare for the arrival of refugee families. It was proposed that for the pilot, a maximum of ten families would be settled in the region. Settlement commenced in late 2005 and at the time of the evaluation, ten families from the Democratic Republic of Congo had been settled in the area.

It was agreed that the pilot would be evaluated after the first 12 months. A two-stage evaluation was planned: phase one focusing on the processes undertaken to set up the pilot and phase two (to be conducted separately) focusing on the experience of the refugees themselves.

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<sup>2</sup> Recommendation 29.

### **3. The evaluation**

In November 2006, the Department contracted Margaret Piper and Associates (MPA) to undertake an evaluation of the processes undertaken to establish Shepparton as a new regional settlement location.

#### ***Aim and objectives:***

The evaluation aimed to identify key procedural lessons that have been learnt by stakeholders throughout the preparation and settlement process. To achieve this, the consultant sought to:

- identify what processes had worked well and the ones that had not
- identify what factors may have had a positive or negative impact (including governance arrangements, interagency relationships and involvement, community involvement/support)
- identify what could be done differently to improve future regional settlement initiatives
- identify how well IHSS arrangements had worked under the pilot
- examine the respective roles of and relationship between the IHSS provider and the Steering Committee
- ascertain the degree of success or otherwise of the pilot process.

In seeking to fulfill these objectives, efforts were also made to:

- document the processes undertaken to set up the Shepparton Regional Settlement Pilot
- seek the opinion of key stakeholders about which lessons they considered to have broad applicability. These lessons will be important for informing other regional settlement initiatives.

As discussions with stakeholders unfolded, it was also considered that there was merit in considering the challenges that lie ahead for Shepparton once the pilot was over.

#### ***Methodology***

The research methodology involved:

- identifying key stakeholder groups and reaching agreement with DIAC on these
- developing research instruments which were approved by DIAC prior to use
- consulting key stakeholders
- preparing a report for DIAC that documented information collected during the consultation process and identified key findings and lessons.

#### ***Stakeholder groups***

It was agreed that the following were relevant stakeholder groups for the purpose of the evaluation:

- members of the pilot's Steering Committee
- DIAC staff in the Melbourne office who have supervisory role for settlement
- other DIAC staff involved in the formulation and implementation of the pilot
- representatives of the Victorian Government
- the current IHSS provider
- relevant service providers in Shepparton not represented in the steering committee
- representatives of the local community.

## ***Consultation process***

A series of interviews were conducted with stakeholders during two visits to Shepparton (8-11 November and 15-17 November), two visits to Melbourne (13-14 November and 22 November) and over the phone (in the period from 15 November to 7 December). Interviews were conducted with:

- 20 members of the Steering Committee
- 1 additional member of DIAC's Melbourne-based settlement staff
- DIAC's Victorian State Director
- 3 representatives of the Victorian State Government
- 4 people (managers and caseworkers) from the IHSS provider and its subcontracted agency
- 5 other service providers
- 4 community representatives.

## ***Summary of outcomes***

The following provides an overview of the evaluation findings. More detailed examination of the Shepparton regional settlement pilot can be found in Section 4.

Everyone involved in the pilot is convinced that it has been a great success both for the entrants and for Shepparton. This success has been attributed to many things, not least the entrants themselves, who have shown great resilience and openness. They have also been outwardly focused and employment oriented. An unexpected advantage was their desire to actively participate in local churches, which in turn meant they could access established social and support networks through the church community.

Shepparton itself has a long history of “making space” for newcomers, and gave an extraordinarily warm and welcoming response. Other advantages were the number of existing volunteer networks on which the pilot could draw, an established mechanism for settlement planning, and the generosity of the local Iraqi community.

The planning model for the pilot encouraged development of effective partnerships between the three levels of government and engendered a strong sense of ownership. In addition, the process was inclusive and allowed for open discussion and debate. Participants demonstrated a high level of respect and a refusal to let minor disagreements or local politics to derail the planning process, and sufficient preparation time enabled key players to consider challenges and risks and make necessary plans to address these.

During the implementation phase, those involved showed willingness to learn and be flexible. When challenges occurred, they were addressed with a focus on identifying solutions and providing the best possible support for the entrants.

This does not mean that there have not been challenges, nor does it mean that the work is over. At the end of the twelve-month pilot, all ten Congolese refugee families (60 people) have arrived and their immediate needs have been met. Their journey towards settlement is now underway but they still have some way to go. Challenges throughout the pilot included:

- the Steering Committee's inability to get sufficiently detailed information about the caseload, entrants and pre-departure experiences to enable service planning (especially in the health area)
- many workers' and volunteers' lack of experience with refugees leading them to make unfounded assumptions about the entrants and to behave in inappropriate ways (for example asking probing questions about missing family members)

- over-enthusiasm of some workers and volunteers, which led to numerous difficulties in coordinating volunteers and donations, over-servicing and boundaries being transgressed, and in some cases, unrealistic expectations among the entrants
- a lack of established health referral protocols and procedures, the absence of which resulted in some regrettable incidents
- the unfortunate timing of the introduction of the new IHSS contract and the consequent late arrival of the IHSS provider, which caused some confusion regarding roles, responsibilities and communication channels
- heavy demands placed on local experts, including some of the Congolese.

There is general agreement that the positives far outweigh the negatives and that these challenges provided valuable opportunities to learn. Those involved in the Shepparton pilot are excited about the prospect of seeing regional settlement extended to other areas and about sharing their learnings with other locations.

## 4. Key lessons

This section provides a more detailed discussion of the processes involved in identifying and establishing Shepparton as a regional settlement location. Consideration is given to many aspects of the planning and implementation of the pilot and lessons that stakeholders have learnt along the way. These lessons are drawn out to inform future activities in regional settlement. Some of these lessons, in particular those in the areas of health and accommodation, are directly related to service delivery whereas others have more to do with process.

### ***Identification and selection of Shepparton***

Following in-principle Ministerial approval at both the Commonwealth and Victorian Government level, a series of discussions commenced in Shepparton with local government and other key stakeholders including service providers and employer groups. The purpose of these meetings was to gauge local support for a settlement pilot. Stakeholders expressed strong support (with only minor reservations in the area of health delivery).

Most of those interviewed identified the initial consultation process as a valuable opportunity to think through the implications of settlement before deciding to proceed. Consequently, those involved in the initial consultation and subsequent pilot felt a sense of responsibility and ownership for the project.

*Lesson 1: Local consultation is a critical step when exploring potential new regional settlement locations. A local decision to proceed encourages ownership and commitment.*

Once a decision was made to proceed, locals were keen to begin planning. However, there was a delay between their agreement to participate and confirmation that the pilot would go ahead, which caused some confusion and loss of momentum.

*Lesson 2: A designated DIAC staff member should be responsible for ensuring that communication channels between Commonwealth, state and local government function efficiently. Where there are unavoidable delays, this person should ensure that key stakeholders are kept informed.*

During the evaluation, one stakeholder described Shepparton as “a safe bet” for the pilot. The City of Greater Shepparton has a strong, diverse economy and a long history of multicultural settlement. There is a high availability of unskilled work in the area, especially in horticulture and the canneries, as well as opportunities for people to move upwards, establishing their own businesses or pursuing educational opportunities. Shepparton has one further advantage in its proximity to Melbourne - both road and rail links are good and it is possible to go to Melbourne to visit friends, attend appointments or go shopping and return the same day.

Shepparton’s history of multicultural settlement proved a strong advantage for the pilot. By and large, newcomers have been well accepted and there is a general sense that the town<sup>3</sup> has benefited from their presence. Previous settlement of Italians, Greeks, Albanians, Turks, and more recently, Iraqis and Afghans, meant that local stakeholders were experienced in interacting with newcomers and settlement planning mechanisms were already established (most notably, the Goulburn Valley Integrated Settlement Planning Committee (GVISPC), established in 2002).

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<sup>3</sup> While Shepparton is technically a city, the term “town” will be used throughout this report as a brief descriptor to distinguish it from “the city” meaning Melbourne.

## ***The planning stage***

### **Project objectives**

Throughout the evaluation it became clear that the pilot was very much an evolving process, rather than a project that began with a set of predetermined objectives. However, there was a shared understanding that the pilot involved settlement of ten refugee families and that all those involved needed to work collaboratively to ensure that this happened effectively.

Some members of the Steering Committee felt that the absence of a set of clearly articulated objectives allowed flexibility, whereas others commented on the confusion that resulted from people “not being on the same page”. Some stakeholders felt there was a lack of clear guidance when difficulties arose.

*Lesson 3: When establishing a new regional settlement area, a set of objectives should be developed which are relevant to the local situation and incorporate the IHSS Service Principles. These objectives should be made widely available and used in training of service providers and volunteers.*

### **Formation of Steering Committee and subcommittees**

While the GVISPC had lost some of the momentum it had in the early 2000s, it still provided an excellent platform on which to build a Steering Committee for the pilot. Once the go-ahead was given for the pilot, the Department engaged with remaining members of the GVISPC, obtained their agreement to refocus for the pilot and solicited their assistance to identify who else should be involved in the new Steering Committee. A number of new people were invited to participate, and the Hon. Dr Sharman Stone MP, local federal member, was invited to act as Chair. The Committee first met in May 2005, five months before the arrival of the first Congolese families.

The Steering Committee worked well and provided an atmosphere in which issues could be openly debated. Also obvious was a sense of respect and collective achievement among members. DIAC’s active, honest and constructive participation in the Steering Committee and efficient handling of the secretariat role was also highly valued.

With hindsight, members of the Steering Committee felt it could have functioned more efficiently with fewer members. The core committee had 26 members and at times, others participated. It was also felt that more work should have been delegated to the subcommittees, with a representative being responsible for reporting to the Steering Committee.

Greater clarity about the Steering Committee’s role would also have been useful. As with the objectives, this was not clearly defined at the beginning of the process but rather evolved as the project progressed. This might have been achieved through greater Steering Committee ownership of the DIAC-developed work-plan. A shared work-plan would have provided greater clarity about respective roles, responsibilities and timeframes.

In line with the above, more information about the new IHSS model would also have provided greater clarity about respective roles and responsibilities. A lack of clarity about the IHSS was compounded by the unfortunate timing of the IHSS tender for new providers, which coincided with planning for the pilot. With hindsight, AMES should have been invited onto the Steering Committee once it was confirmed they would be the lead IHSS provider. As it was, they played only a peripheral role and had no official voice. This led to difficulties later on as stakeholders had already planned responses for various challenges and were unclear of the role of IHSS in providing early settlement support. More information about the IHSS model would also have provided greater clarity about what services DIAC would fund (through IHSS) and what was expected of other agencies and the community sector.

Greater continuity in the chairing role would also have been desirable. Due to other responsibilities, Sharman Stone delegated the chairing to a staff member soon after pilot commenced. At times, the chairing role was also taken by the manager of the Ethnic Communities Council. While there was no criticism of any of the parties, it was felt that the lack of stability had affected momentum.

*Lesson 4: A Steering Committee should be established with clearly defined roles and responsibilities and overall responsibility for progressing the initiative. The Steering Committee should formulate project objectives and develop a work plan that identifies tasks, timelines and responsibilities.*

A number of subcommittees were formed during the pilot, with responsibility for: accommodation, employment, preparing the local community, health, education and training, children's services and family support, and interpreting and translating. Each of the subcommittees involved people from the Steering Committee, together with people experienced in the particular area being covered. The numbers on the subcommittees varied from three (accommodation) to fourteen (employment).

The subcommittees varied in terms of how active they were, with general agreement that the health and employment subcommittees were the most engaged and effective. These subcommittees had active chairs, written work-plans and clearly defined areas of responsibility. However, even members of these subcommittees acknowledged that with hindsight they would insert greater structure, actively seek more information about the caseload and engage in more contingency planning.

*Lesson 5: Subcommittees should be established to implement tasks identified by the Steering Committee. Subcommittees should develop work-plans with timelines and responsibilities. Subcommittees should also seek out information about entrants, identify people with relevant expertise, undertake risk management planning (including working through possible scenarios) and develop and disseminate relevant referral protocols.*

## **Composition of Steering Committees and subcommittees**

The Shepparton Steering Committee was highly inclusive, not just because of the numbers involved but also because many members 'wore multiple hats'. For example, the district police inspector is also president of the Ethnic Communities Council and an active member of Scouting Australia. All together, the Committee had representatives from Commonwealth, state and local government, GO TAFE, the local IHSS provider (after the contract had been signed), Centrelink, Victoria Police, education providers, AMEP, vocational training and employment, health providers, non-government service providers, community groups and religious representatives.

While some felt that the Steering Committee was too large, there was widespread recognition of the importance of ensuring active involvement of all relevant parties. Finding a balance is not necessarily easy and the solution will, of course, differ from location to location.

*Lesson 6: Steering Committee and subcommittee members should be carefully selected for the contribution they can make towards achieving the specific objectives of the committee or subcommittee. Steering Committee numbers should be limited but include:*

- *representatives of Commonwealth (including DIAC), state and local governments of sufficient seniority to be able to make decisions, influence policy and facilitate access to funding*
- *the IHSS manager*
- *senior service providers in managerial roles*
- *people who have excellent networks, including links to local volunteer or charitable groups*

- *at least one person from within the community<sup>4</sup> who commands wide public respect, is able to influence public opinion and who can, when required, act as a spokesperson*
- *someone with overall expertise in refugee settlement.*

*Subcommittees membership should be more inclusive and ideally be comprised of:*

- *at least one member of the Steering Committee to ensure efficient representation and information exchange*
- *IHSS caseworkers*
- *those who will be actively involved in implementation in the relevant sector*
- *where relevant (and especially in the case of the health subcommittee) someone with specific expertise working with refugees and humanitarian entrants.*

It emerged during the evaluation that the local Rural Australians for Refugees (RAR) group felt that their participation was not welcome. Across the country, the burgeoning RAR movement has provided valuable support to refugees on Temporary Protection Visas. In Shepparton, RAR members have been mainly concerned with assisting the Iraqis and Afghans. In future regional settlement exercises, there may be merit in including RAR to capitalise on their goodwill and active involvement.

## **Selection of entrants**

While Shepparton has a strong multicultural background, at the outset of the pilot the town had no experience in direct settlement of refugees from overseas. Given this inexperience, and the desirability of establishing a strong, well-settled core community of humanitarian entrants through the pilot, it was felt that the first families to settle in the area should be carefully identified to ensure that both they and the Shepparton community would have a good settlement experience.

Members of the Steering Committee were therefore closely involved in the identification of a suitable caseload and 'criteria' for initial families for the pilot. While initial discussions centred on Sudanese entrants, it was recognised that strong ties exist within the Sudanese community and it was likely that Sudanese entrants settled in Shepparton may later move to Melbourne. Discussion then moved on to other African groups, as the African component provided the best prospects of identifying entrants without pre-existing social links in Australia.

Committee members have very different recollections of these discussions. Unfortunately, some believed that any families they 'rejected' would be relegated to life in refugee camps. Others understood that families not settled in Shepparton would be resettled elsewhere in Australia but still found the decision-making process difficult. However, others recognised that if the first few families were strong and resilient and did not have overly complex settlement needs, the chances of the pilot being successful would be increased. They viewed the decision-making process as an important part of the planning.

Notwithstanding the difficulties experienced in developing criteria for the pilot, all agreed that the process was valuable. Being involved in these discussions engendered a greater sense of "ownership" and a consequent commitment to ensuring that the best possible support was provided.

*Lesson 7: The Steering Committee should participate actively in determining the broad parameters for initial entrants. Those involved in these discussions should be fully aware that:*

- *they are identifying characteristics, not selecting individual families*

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<sup>4</sup> This person might be someone already on the committee in another guise or it could be someone identified for this purpose.

- *refugees who do not fit these criteria will not be denied resettlement*
- *the more restrictive the criteria are, the more difficult it will be to find suitable initial entrants.*

Despite divergent feelings about the process, there was general agreement about the characteristics that would be best for initial refugee families settling in the area. These were:

- two parents
- mainly young children (thus avoiding the difficulties of settling older teenagers who have had limited schooling experience but are not ready to find employment)
- four or less children (for accommodation purposes)
- at least one family member having some English skills
- reasonable prospects of employment
- no complex medical or other needs.<sup>5</sup>

Based on these criteria and the likelihood of identifying families without pre-existing social links in Australia, DIAC identified that refugees from the Democratic Republic of Congo would be best for the pilot.

The first two entrant families met most but not all of the criteria (having more than four children). As the pilot progressed and those involved became more confident, the Committee agreed that they would be happy to accept families that did not fit these criteria. A number of the later families have teenagers and there is one single parent family.

*Lesson 8: careful selection of the first few families is important as service providers will still be establishing systems and learning about the needs of the entrants. Ideally, the first families should:*

- *be intact families, so that the family is not preoccupied with family reunification and can focus on their own settlement*
- *have at least one member who is educated, confident and speaks some English*
- *not have complex health or psychological needs*
- *have younger children whose attendance at school can be used to link the family into the broader community*
- *have characteristics likely to link them to groups within the community (for example, through church groups)*
- *have skills relevant to employment needs in the region.*

Another consideration was the rate of arrivals - should all ten families come at once or should their arrival be staggered? The Steering Committee decided to take a staggered approach and with hindsight, everyone agreed this was by far the best way. Staggered arrivals enabled service providers to focus on meeting the immediate needs of a couple of families at a time before moving on to the next arrivals. As the pilot progressed, participants learnt from each arrival and systems became more streamlined, and by the time the last two families came, the initial settlement process was essentially routine. Because the first arrivals had fewer settlement needs, they also played an active role in their

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<sup>5</sup> It should be noted that the more restrictive the criteria, the more difficult it will be to identify suitable families for initial settlement. Refugees are identified by the United Nations High Commissioner for Refugees on the basis of need, rather than settlement prospects. Most refugee entrants have experienced some degree of trauma in their past, and many will have health needs, split families, limited education and other characteristics that rule them out as first families to a new regional settlement location. It should also be recognized that careful selection of suitable refugee families cannot be carried out indefinitely. The aim of this selection is to establish a strong and well-settled community in the early stages of settlement within the town. Later arrivals (particularly those sponsored by people already settled in the town) cannot be so closely managed.

own initial settlement. They were able to provide invaluable advice to service providers and to act as role models for entrants who came after them.

*Lesson 9: if logistically possible<sup>6</sup> entrants to a new regional settlement location should arrive in a staggered fashion, with two or three families initially arriving together or in close succession and then gaps of about two months before the next group of families arrive. This will allow service providers to deal with a manageable caseload and enable procedures to be developed and refined.*

## **Arrival of the IHSS provider**

Arguably one of the greatest challenges faced in the Shepparton pilot resulted from the unfortunate timing of the pilot, which coincided with the transition from one Integrated Humanitarian Settlement Strategy (IHSS) contract to another. This caused uncertainty throughout much of the planning period about who the new provider would be and what services would be provided.

Prior to the pilot, service providers in Shepparton had little experience of service provision under the IHSS. Most humanitarian entrants in the town had either relocated from elsewhere after their initial settlement period or were ineligible for IHSS because they were holders of a Temporary Protection Visa. The few IHSS-eligible entrants who did arrive were Special Humanitarian Program entrants (visa subclass 202) and support was limited to provision of the Household Formation Package. New Hope, the responsible IHSS provider, had a relationship with the Ethnic Communities Council (ECC) whereby the ECC purchased goods and gave them to the entrants. As a result, most saw IHSS as nothing more than 'a signature on a cheque' and had little appreciation of the pivotal casework role the new provider would play.

The agencies identified as preferred tenderers for the new contract were advised in June 2006 but it took considerable time to complete contract negotiations. Until contracts were signed, the new providers could not be made public. The contract period officially commenced on 1 October 2006, less than four weeks before the first two families were scheduled to arrive in Shepparton.

A consortium led by AMES was the successful IHSS tenderer for metropolitan and regional Victoria. AMES tendered on the basis that they would subcontract service delivery of case coordination, reception and accommodation functions in regional locations to agencies with which they had prior associations. In Shepparton, AMES subcontracted to Goulburn Ovens TAFE (GO TAFE), with whom they had been in partnership with since 1989, most particularly in relation to the delivery of the Adult Migrant English Program (AMEP).<sup>7</sup>

While AMES had not been actively involved in discussions about the pilot, they were well aware of it and had factored possible involvement in their internal planning. Further, the person appointed by GO TAFE to manage IHSS in Shepparton had been a central figure in both the Steering Committee and its predecessor and had been president of the ECC for 19 years.

However, it was not easy for AMES/GO TAFE to come onto the scene at what was effectively the 11<sup>th</sup> hour. Prior to this they were not in a position to participate actively in planning or to explain what their role would be. Many plans had been formulated before they became involved in the pilot and this,

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<sup>6</sup> It is recognised that a wide variety of factors determine when refugees can and should travel, not least the availability of exit permits, security concerns and availability of flights. Many of these factors are outside DIAC's control.

<sup>7</sup> It is relevant to note that VFST, the consortium partner responsible for the delivery of IHSS torture and trauma counselling, subcontracted this service to Goulburn Valley Community Health.

understandably, led to some confusion and tension. This was exacerbated by the fact that as a new provider, AMES did not have a track record in the area to reassure Steering Committee members.<sup>8</sup>

AMES/GO TAFE had to educate local providers about what the new IHSS contract entailed, explain the central coordinating role they expected to play and make it clear that their contractual responsibility was to DIAC, not the Steering Committee. Representatives from Melbourne ran information sessions but this did not entirely resolve matters. Indeed, it would appear there is still some confusion about:

- exactly what IHSS provides, especially its case management function
- the respective roles of the Steering Committee and the IHSS provider
- funding arrangements
- IHSS exiting arrangements.

Work continues on educating local service providers about the role of the IHSS provider. In other new regional settlement initiatives, the IHSS provider should be involved from the outset or as early into the process as possible.

*Lesson 10: if an IHSS provider does not have a local presence, there is merit in considering entering into partnership with a well-respected local agency to capitalise on its reputation and local networks.*

## **Information and training needs**

While refugees and humanitarian entrants have been arriving in Shepparton for some time, this has been the result of spontaneous rather than planned movement. Further, a significant proportion of these refugees were not eligible for federally funded settlement services because they were on Temporary Protection Visas. This led to an anomalous situation whereby services in the town had had refugees as clients but there had been limited work undertaken to build a knowledge base on working with refugees. There was also only limited understanding of the settlement support framework (especially the role of IHSS).

The majority<sup>9</sup> of those interviewed identified a need for more information about the background of the entrants than the very general information provided by DIAC. The exception to this was the IHSS provider who indicated that information provided by DIAC was sufficient to meet their needs. However, as this information was case-specific, there were restrictions on sharing it. It was also only provided one month prior to arrival, long after the planning process had commenced.

Prior knowledge of Africa and about Africans was very mixed. Some were very well informed and had even visited relevant countries. However, others had stereotypical and simplistic notions that led them to worry about trivial issues (such as whether entrants would be able to use a knife and fork) and overlook much more important issues (such as health status or the impact of trauma).

Since the pilot commenced, DIAC has introduced a series of Community Profiles that provide an excellent introduction to the background of various entrant groups. It can be argued, however, that a town undertaking settlement for the first time needs even more information than the profiles are able to provide. There is scope for the international Organization for Migration (IOM) (per virtue of its management of AUSCO and the pre-departure health screening) and DIAC's national settlement

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<sup>8</sup> It is acknowledged that AMES has a long record of accomplishment in the delivery of language services to newly arrived refugees and this has a significant settlement component.

<sup>9</sup> It should be recognised that confidential personal information will not be provided to stakeholders without a clear 'need to know' as the privacy rights of refugee entrants must be protected. In addition, specific information about individual families is not always available well in advance of their arrival.

planning unit to collaborate on more detailed briefing material specifically for the new settlement location. Ideally this should include:

- information about the situation in their country of origin, the events that precipitated their flight and their circumstances in the country or countries of exile
- information about diseases and conditions common in the refugee community from which they are coming and any treatment they may have received
- information about familiar foods, especially comfort foods (i.e. the refugees' equivalent to vegemite) that would make them feel safe and welcomed in their new home
- information about languages spoken so that preparations can be made for appropriate interpreters
- guidance about religion and the importance they are likely to place on religious participation
- guidance about the level of familiarity they are likely to have with modern technology
- guidance about entrants' expectations and their awareness of daily life in Australia
- a short list of simple greetings and key phrases (welcome, my name is ..., please/thank you, yes/no) translated in their preferred language so that service providers can practice these in advance of the arrival.<sup>10</sup>

It was also apparent that there were significant knowledge gaps about working with refugees. In addition to specific characteristics of the entrant groups, it is important that service providers and others acquire some basic knowledge about and skills for working with refugees, including:

- understanding the principal objectives of refugee settlement, in particular the importance of creating an environment in which the refugee can feel safe, in control, empowered and independent
- knowing how to work with torture and trauma survivors
- understanding the basic principles of cross cultural communication
- understanding the challenges that confront entrants in adapting to an entirely different culture
- recognising the importance of professional supervision for front-line workers, including assistance to manage boundaries and guard against vicarious traumatisation
- knowing the legal standards and professional ethics relevant to work in this sector.

Had there been more information and targeted training during the planning period, preparations would have been more effective. As it was, the first formal information session did not take place until after the first families had arrived. This was organised by the Steering Committee in response to concern about knowledge gaps in key service sectors. It provided information about the Democratic Republic of Congo and the cultures of its peoples and was seen to be very helpful by those who attended.

Finally, when considering information needs, it is important not to overlook the information needs of the entrants. In recent years, much work has gone into establishing and enhancing the Australian Cultural Orientation program (AUSCO) and entrants are now much better prepared for the journey and initial settlement period. However, there are some particularities of life in regional centres that should be covered. It should be noted that since the Shepparton pilot commenced, DIAC has taken steps to develop specific briefing material about the major regional settlement locations. The Department has also started developing specific information packs for entrants to new regional areas.

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<sup>10</sup> It may also be valuable for service providers to obtain dictionaries in the relevant language both for their own use and to give to entrants. While interpreters are essential for substantial interactions, dictionaries can facilitate informal interaction and also enable entrants to initiate contacts with service providers. It should be noted that this only applies for entrants who are literate.

*Lesson 11: DIAC should consult with the Steering Committee to identify information needs and develop information packages that address these.*

*Lesson 12: DIAC should work with the Steering Committee to assess the competency of key service providers in the region to work with refugee entrants and provide guidance about how skills deficits can be addressed.*

## **Implementation**

### **The arrival of the Congolese**

The first two Congolese families arrived in October 2005. A bus was arranged to meet them at Melbourne airport. A number of key service providers went along and warm clothing was distributed. The families were taken to homes in Shepparton that had been leased for a six-month period and furnished with goods from the IHSS household formation package. Local media were present and their arrival received widespread coverage in the local press.

Following the entrants' arrival, an intensive period of orientation began during which they were registered with Medicare and Centrelink, linked to medical services, provided with clothes and additional household goods and given an orientation.

GO TAFE had arranged a food package for when the families arrived, which was supplemented with additional goods purchased on account when they took entrants to orient them to local shops. It was expected that this food would cater for their needs until they received their first Centrelink payment. However, a number of people were concerned that the entrants were not given cash and it soon became common for new arrivals to find an anonymous donation under their door when they arrived.

Some challenges were difficult to predict. For example, when a Centrelink worker asked a family to stay back after a group information session (to discuss a simple matter relevant only to that family), the family believed they were in trouble. In addition, others who had been at the meeting became suspicious that the family was 'colluding' with the government. This caused considerable stress to the small community and it took some time to identify the problem and undo the damage.

The entrants were given phone cards and shown how to use these at public phones. However, it soon became apparent that this approach was not useful (there was a case where one family needed urgent assistance in the middle of the night and another where the local phone had been vandalised). GO TAFE then provided entrants with pre-programmed mobile phones until their second Centrelink payment, at which time they were assisted to get either a landline or mobile phone of their own.

The Congolese were also exceedingly reluctant to sign anything. On further investigation, it transpired that people in their community (before their departure) had signed documents they did not understand only to discover later they had given permission for their children to be taken.

The paucity of public transport was problematic. The IHSS caseworker tried to make entrants familiar with public transport and encouraged them to use it. However, it did not always meet their needs. While a large band of volunteers were available to provide transport, this has not encouraged independence and in some cases has raised expectations that the entrants will always be 'chauffeured'.

*Lesson 13: No matter how comprehensive the planning has been, those working with new arrivals should expect the unexpected, understand the need to be flexible and be prepared for stress.*

## Role of schools and churches

There is widespread agreement that Shepparton's Christian community, in particular but not limited to the Catholic community, made a significant contribution to the success of the pilot and that this was serendipitous rather than planned. Had there been more information about the entrants prior to their arrival, those involved in planning may have recognised the importance to the Congolese of becoming a part of an active faith community. However, such information was not available and so this aspect was something of a surprise.

Much of the planning had centred on Congolese children attending state schools but when they were told their options, all of the families opted for Christian schools (mostly Catholic). This meant that a sector that had not hitherto been closely involved was suddenly required to take very active role.

It is illuminating to see how St Brendan's Primary School<sup>11</sup> responded. In the last 12 months, the school has:

- organised one year's tuition free of charge for the Congolese students, with fees being introduced incrementally thereafter
- arranged a uniform, books, stationery, a lunchbox and drink bottle for each Congolese student
- sought funding from the Catholic Education Office for a Congolese teacher's aid (a position filled by one of the entrants who has a teaching background and good English skills). In addition to regular support duties in class, the teacher's aid is responsible for:
  - ensuring there is someone to walk the newest arrivals to school for the first 10 weeks
  - making charts to help the families know which uniform the child should wear on particular days (for example, regular or sport)
- set up a parents' committee to source uniforms and books for new arrivals and set up a roster for working with parents (for example, to show them how to make school lunches<sup>12</sup>).
- arranged for an interpreter to translate relevant material for parents and interpret for parent-teacher interviews
- arranged for the pastoral care worker to deliver programs tailored to the Congolese students (for example, after six months, the students are taken through VFST's "Rainbows for Refugees" program)
- subsidised the Congolese children's participation in excursions, camps and other activities
- employed a teacher for two weeks in the summer holidays to run activities (such as art, sport and music) to familiarise new arrivals with the school environment
- organised bikes for the bigger families<sup>13</sup> and ensured that entrants received road safety training

In addition, the principal has taken a hands-on role, visiting the families in their homes to build trust with the parents. She was also recently sent by the school to Kenya to collect the eight-year-old daughter of one of the entrants who had been separated from the family. This visit has clearly been inspirational, strengthening her commitment to ensuring that the school creates the safest and best environment for the Congolese children.

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<sup>11</sup> St Brendan's is the school with the largest enrolment of Congolese.

<sup>12</sup> As valuable as the lunch roster was, it also highlighted one of the problems of lack of coordination of volunteers. Well-meaning parents would provide different advice (for example, one parent saying brown bread was healthier while another suggested that white bread was perfectly acceptable). Such conflicting advice can be confusing and also cause fear of offence if the advice isn't taken. In some cases it also made matters difficult for the Refugee Health Nurse as it undermined her work on providing sound advice on nutritional standards.

<sup>13</sup> It is the researcher's understanding that bikes were sourced from elsewhere for other families.

The principal reports that there has been no resistance to the Congolese from the school community. The Congolese children are seen as “gifted”, accomplished at sport and very musical, resulting in some local children being “a bit in awe of them” and keen to make friends. Overall, the school has coped remarkably well but indicated that funding would be valuable to compensate for additional costs incurred such as interpreting and running specialist programs.

Once embedded in the school community (with links to students, parents and teachers), it was a small step to ensure the refugees’ active inclusion in the church. Here too they have been warmly embraced, with locals respecting the depth of their faith and welcoming the contribution they make to services through both music and participation in various aspects of the liturgy. Members of the congregation are linked into all aspects of town and this has flowed on to improve the social connectedness of the Congolese entrants. This has been evident in many ways, from people donating goods to assisting them find employment.

*Lesson 14: The role of the school and church or religious group in settlement should not be underestimated. Careful consideration should be given to capitalising on this in new locations.*

*Lesson 15: Schools welcoming refugee entrants should consider how to involve the whole school community (students, parents and teachers) in introducing new students and parents to both the school and wider communities.*

## **Health issues**

The only reservations expressed when Shepparton was first approached came from senior health officials concerned about the capacity of local services to cope with specialist demands. Hindsight shows that some of their reservations were valid. However, local health professionals have worked diligently and collaboratively to overcome the challenges they faced, including:

- the lack of advance information about the health status of the entrants or what health information they would be given on arrival
- the significant differences in the health information that accompanied the entrants. Only three out of the first five families had any health records (including vaccination status) and none had a full history
- the short notification period of arrivals, making it hard for some doctors to clear their schedules
- some entrants arriving with active health problems that health providers had expected would have been identified in the pre-departure health screening
- some entrants requiring follow up for malaria and tuberculosis, despite expectations that this would not be the case (and thus no management plans had been developed)
- ensuring that all relevant health professionals were appropriately briefed about the caseload and protocols for management of communicable diseases
- entrants with health undertakings for tuberculosis being required to go to Melbourne
- the preferred test for tuberculosis (Quantiferon Gold) being taken off the PBS half-way through the pilot. This meant that entrants had to pay \$80 per person, a significant amount in large families
- the number of health requirements for new entrants being daunting with entrants being forced to go through grueling schedules of appointments
- managing the transfer of paperwork. It is usual practice for patients to take their doctor’s referral to a specialist but the entrants were not taking the necessary documents to appointments
- the number of medications being prescribed for the entrants, all of which were deemed necessary but which collectively became prohibitively expensive
- entrants not understanding the regime for taking medications and a lack of clarity about who was responsible for ensuring that medication was taken
- entrants being unaware of how to manage a healthy diet in the Australian context.

Some health related incidents could have been handled better. On one occasion, notification that one of the children had tested positive to tuberculosis resulted in the child being taken off a bus in the middle of a school excursion. On another occasion, advice that certain entrants required prompt follow up was taken to mean they should be brought to the hospital immediately and someone was dispatched to their house in the middle of the night, causing the family significant distress and fear. In both cases, lack of understanding about how to deal with notifiable diseases resulted in an overreaction and consequent trauma for the entrants.

The Health Subcommittee was very active and highly focused, met regularly and followed an agreed workplan. Their many successes reflect the strength and willingness of all parties to be flexible, creative and solution-focused. Their responses to challenges included:

- developing flow charts for referral procedures and information exchange, in particular regarding cases of malaria and tuberculosis
- engaging in risk management assessment (in order to avoid more incidents such as those outlined above)
- prioritising early health interventions and staging these over several days so as not to overwhelm the entrants
- ensuring the active involvement of the Refugee Health Nurse who oversaw entrants' linkages to and progression through various health providers
- ensuring that wherever possible, each entrant was only seen by one GP thereby enabling continuity and the establishment of trust
- introducing a back-up system for the transfer of paperwork (referrals are still given to the entrants but a copy is also faxed to the relevant provider to ensure that the appointment can go ahead if the entrants forgets the original documents)
- endeavouring to enforce a policy of no medical interventions without an approved interpreter
- locating a locally-based accredited practitioner who could undertake the necessary tests for tuberculosis thus saving the entrants a trip to Melbourne
- developing a form, translated into Swahili and using a pictographic style, to inform entrants when their medication should be taken. This form was attached to the entrants' refrigerator and checked regularly by the Refugee Health Nurse when she visited
- undertaking a medication review after the first three months to check whether medications were still relevant (for example, some medications such as Vitamin B were given to address deficiencies and not required for long term use)
- organising two days of instruction for entrants about nutrition, healthy cooking, hygiene and dental care. Entrants were also given a care pack consisting of a toothbrush, toothpaste, a hairbrush and other basics. It was reported that the sessions had an immediate impact and the Congolese stopped drinking soft drink entirely<sup>14</sup>
- organising training on basic first aid and providing entrants with a simple first aid kit
- ensuring women have access to advice about contraception and are given pap smears
- thinking of entrants holistically (for example the Refugee Health Nurse linked a number of the women to the Country Women's Association for sewing classes).

*Lesson 16: the provision of successful health support for newly arrived refugees requires:*

- *active and informed participation from a wide range of health professionals, including those involved in health policy, regional health planning, local hospital-based and community health services, general practice, mental health and pathology*

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<sup>14</sup> This points to the importance of being very careful about what is said. The Congolese were so receptive to advice they took everything literally.

- *timely and targeted dissemination of information about diseases and complaints that may be encountered*
- *training for health staff about the background of the refugees and management of conditions that might present*
- *notwithstanding health checks having been conducted overseas, health providers to be aware that certain diseases might manifest after arrival and develop appropriate strategies to deal with this*
- *information sessions for non-health providers, especially IHSS caseworkers and teachers, about:*
  - *self-care when working with entrants with communicable diseases*
  - *health issues to look out for with new arrivals*
  - *accessing emergency health care*
- *the development of a health management plan*
- *the development of referral protocols and flow charts for entrants with notifiable diseases*
- *undertaking risk management assessments and taking steps to minimise foreseeable risks*
- *being flexible enough to deal with each new challenge as it occurs*
- *DIAC to take steps to ensure that entrants arrive with comprehensive health records*
- *identifying and making use of a “health champion”, that is, a health professional who is respected in the local community. This person may reassure people who are afraid of health risks and generally champion the refugees in the health sector.*

## **Accommodation**

Identifying secure and affordable housing for newly arrived refugees is one of the greatest challenges around the country. While things were not as difficult in Shepparton as in other locations, there were still some challenges.

As in other areas, public housing was not a viable option. With no rental history and little information about the entrants, it was initially hard to convince agents to consider the Congolese as tenants. In the lead up to the arrival of the first two families, conventional efforts to source accommodation were unsuccessful. At the last minute, the Catholic Church and the Iraqi community solved the problem by offering houses. Once the first Congolese families had arrived and real estate agents were able to see that they were looking after their houses, it became easier to source houses for new families.

The question of who would sign the lease was also an issue in the early days. Initially, agents were reluctant to give a lease to someone who was unknown and not yet in the country. For the early arrivals, GO TAFE took on the lease for the first month and then transferred it to the entrants. As more families arrived, agents became more willing to put properties in the name of the entrants from the outset.

Most of the Congolese families have been settled in more affluent parts of town, close enough to be able to walk to the others' houses but not in immediate proximity. While this happened more by accident than design, it has had advantages. Neighbours have generally been welcoming and raised no significant opposition. Had the entrants been settled in less comfortable areas, their neighbours might have resented the attention and support they received and been less welcoming. Also, had they been located closer together, some in the community might have feared the creation of a ghetto.

Possibly the most significant, and unforeseen, accommodation issue related to the Congolese refugees' expectations. They had been told in AUSCO that when they arrived they would be provided with short-term accommodation and then be assisted to find longer-term housing. While this occurs in many regions, it is not the case everywhere - in Shepparton, long-term accommodation is secured for the entrants prior to their arrival.

As a result, when the first Congolese families arrived, the entrants did not understand that the house they were taken to would be their home for at least six months. They were therefore distrustful when asked to pay money to the IHSS provider (as reimbursement for three out of the four week's rent they had paid<sup>15</sup>). This did not help the creation of trust between the IHSS provider and the entrants.

The most important factors for the Congolese in terms of the location of their house appear to have been easy access to the church, schools and shops.

*Lesson 17: Wherever possible, new entrants should not be settled in close proximity to disadvantaged groups or areas with a high incidence of social problems. Ideally, entrants should be settled within walking distance but not in immediate proximity to other entrants.*

*Lesson 18: DIAC should endeavour, through AUSCO, to ensure that entrants understand there are a range of different housing models and that these vary according to location.*

## **Employment**

As with the Health Subcommittee, the Employment Subcommittee was very active and organised, followed a work-plan and met on a monthly basis. Members were very aware that workforce participation was an important step on the road to settlement.

The Subcommittee's early discussions revolved around how the families would be linked to local Job Network providers, with the intent that each of the five local providers would be allocated two families. The Subcommittee considered an induction program for the entrants and a bus tour of local businesses but these were not possible due to funding limitations and other commitments. Instead, they developed a Best Practice Guide and entered into discussions with the local council about putting in place a model employment arrangement with planned induction and mentoring arrangements.

In the early stages of the pilot, the Job Network providers seemed not to recognize a need to make any changes to their established processes to assist the new entrants. However, once the entrants started arriving and the collective enthusiasm of the town grew, the Job Network providers became much more involved. Before long, the five providers were actively engaged in finding placements for the Congolese and providing support even when their clients found employment through other avenues. In supporting the Congolese, the Job Network providers have worked more cooperatively with each other than has typically been the case.

Securing employment has not been easy. While there are skill shortages in the region, employers want instantly employable people who do not need assistance or training. The drought and severe frosts have also had an impact on the availability of work. Despite this, employment outcomes for the Congolese have been very positive. Five of the ten heads of household are employed, as is one of their spouses. Some of the adolescents have found part-time jobs in fast food outlets and at the supermarket. Only three families have no one working - two of these are the most recently arrived families and in the other, the head of household is undertaking tertiary studies. However, getting a foot in the workforce is just a start - more needs to be done to ensure that the Congolese find employment commensurate with their skills.

*Lesson 19: Steps should be taken to explore local employment opportunities and engage with potential employers and Job Network providers, including consideration of assisted transitions to the workforce, structured training and mentoring programs.*

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<sup>15</sup> As is the practice everywhere, the first week's rent is paid for the entrants.

## The media

The Preparing the Local Community Subcommittee was one of the least active so little consideration had been given to media coverage prior to the first families arriving. Few plans had been put in place and there had been no real discussion about how and when the media should be engaged.

The IHSS provider felt it was important for the people of Shepparton to be aware of the new entrants and so took steps to promote the arrival of the first families, securing coverage in local radio and print media. The press was at the families' homes when they first arrived and waited to photograph and interview them on the first day. The IHSS provider has also arranged for a series of "good news stories" to be injected into the local press at regular intervals throughout the year to keep the public informed, interested and supportive.

Opinions about the use of the press vary considerably. Some viewed the press coverage as an important part of securing a welcome from the people of Shepparton. While recognising the outcomes have been excellent, others have questioned whether:

- the entrants were given a genuine chance to provide informed consent to be photographed and interviewed on arrival
- the media should have given the early entrants more "space" on the day of their arrival
- the graciousness of the Congolese disguised anxiety about the exposure they have been given.

The answers to each of these questions lie with the Congolese. It is conceivable that they were pleased at the attention and that they were being so warmly welcomed into their new community. On the other hand, it may have been unduly intrusive and frightening after a long and uncertain trip to Australia. The central issue is that entrants should be given the opportunity to make a truly informed decision without fear of appearing unfriendly or ungrateful.

*Lesson 20: Plans for publicising the arrival of a new group of refugees must hinge upon the entrants giving informed consent to any publicity in which they are directly involved. Entrants should be given adequate time to recover from their journey before being asked for such consent, fully advised of their rights, and not feel pressure to be compliant or grateful.*

## Law and order

In many locations around Australia, law and order issues have been identified as a key settlement challenge. Developing a relationship of trust and mutual respect between the police and entrants is very important, especially in a regional centre where there is likely to be more contact. Refugees typically arrive with a deep suspicion, and even fear, of police and other authorities as most have had very negative experiences in their own country and the country of asylum. Unless this is addressed early, it can lead to problems.

Shepparton is extremely fortunate to have a district police inspector who is keenly interested in and committed to refugee settlement (he is also the president of the Ethnic Communities Council). His active engagement in all aspects of the pilot has proved invaluable.

The inspector has clearly demonstrated that the police are keen to help but also have a law enforcement role to play. He was one of the first people the entrants met, having driven the bus to Melbourne to collect them from the airport. In his official role he gave them formal briefings about law and order issues, tenancy rights, driving, bike safety and more, and then continued to meet with them informally in his role at the ECC.

The success of this approach seems to result from clarity about his roles. The trust he has developed through informal contact means that the entrants feel comfortable asking for his help. However, when this involves a police matter it is clear that he will offer advice but will not give favours.

*Lesson 21: Building a relationship of trust and mutual respect between entrants and local police is an important part of ensuring their smooth entry into the local community.*

## **Tracing Family Members**

The Shepparton community was able to share in the joy of the successful reunion of an eight-year old girl with her family and this made workers and volunteers aware of the role of the Australian Red Cross in tracing. While this story had a happy outcome, many tracing requests result in families discovering that loved ones are dead or cannot be traced (that is, presumed dead). It is important that those working with refugees recognise that not everyone is ready to hear this news.

*Lesson 22: While it is important to let refugees know about the availability of the Australian Red Cross tracing service, the decision to initiate a search for lost family members should be the refugee's alone and no pressure should be placed on him/her to do this.*

## **Exiting IHSS**

At the time the evaluation was conducted, five families had been exited from IHSS. There appears to be considerable confusion about this process, even amongst members of the Steering Committee. While some spoke about the seamless transition to the support from the ECC, many more expressed concern that there did not seem to be anything in place for the Congolese once they are exited. One of the Congolese entrants encountered made reference to receiving lots of help for six months then getting "nothing". It is possible that this is an issue of communication more than anything else but it does point to the need to ensure all relevant parties, including the entrants, are clear about exiting procedures and the post-IHSS support structures available.

*Lesson 23: The IHSS provider should ensure that clearly articulated exiting protocols are in place and that these are shared with all relevant parties, including the entrants.*

A further concern about exiting is by no means specific to Shepparton. During exit interviews, the head of the family (generally male) almost always takes the lead in answering questions. While this might demonstrate his understanding of how systems operate, it gives no clear guidance about the capacity of his wife or children to cope with issues as they arise. As time goes by, a number of the men are spending more time away from home in employment or other activities. Some service providers are not convinced that all the women can cope alone or know how or who to ask for help.

## **Procedural issues**

### **Clarity about roles and responsibilities**

The late arrival of the IHSS provider, combined with the absence in some sectors of a workplan in which roles and responsibilities were delineated, added a level of complexity to the pilot. As discussed, the absence of the IHSS provider from early discussions, and the general lack of understanding about the provider's role meant that many plans were made that did not incorporate the IHSS service delivery model. It was envisaged, for instance, that other service providers would have to take on a greater hands on role than was ultimately required. It was also hard for some players to relinquish responsibility to GO TAFE and accept their central coordinating role.

Fortunately, the excellent working relationships that exist in Shepparton, coupled with the obvious responsibility that members of the Steering Committee felt for the pilot, meant that difficulties and tensions were overcome.

*Lesson 24: Roles and responsibilities for all players should be clearly defined, including:*

- *the Steering Committee and its subcommittees (responsible for structures and processes) and the IHSS provider (primary responsibility for the well-being of entrants)*
- *DIAC funded services (IHSS and SGP) and other government, community and volunteer services whose active engagement is essential.*

## **Communication within and between stakeholders<sup>16</sup>**

Because so many key players were involved in the Steering Committee and subcommittees, many of the people who needed to know about the arrival of the Congolese were already in the loop. However, there were some communication gaps, mainly relating to:

- communication within agencies: often it was a person at a managerial level who was involved in the committee process, and others within the agency/sector received little information, training, or opportunities to feed into the planning process
- communication with other agencies: some agencies and institutions were not part of committees and were thus unaware of the initiative until the Congolese started to use their services.

*Lesson 25: Care should be taken to inform all relevant actors of the initiative and possible service requirements. Whether they are involved in a committee or not, there should be clearly identified avenues for information and input.*

Steering Committees in future new regional settlement locations might consider circulating a simple newsletter at regular intervals prior to the arrival of the entrants, to provide information about the background of the entrants and the plans that are being put in place. This could be circulated electronically through service networks and would be much more accessible to non-committee members than relying on minutes of meetings they did not attend.

## **Referral pathways**

The issue of referral pathways was prominent in the health area but also extremely important in other areas, especially in the initial period after arrival. In the first couple of weeks, entrants need appointments with many different service providers and the pace can be frenetic. For an inexperienced IHSS provider, this can be extremely daunting if a clear strategy is not in place before the first entrants arrive.

*Lesson 26: In advance of the first arrivals, the IHSS provider should discuss with grassroots and frontline workers in all key sectors priorities for appointments and processes for referrals, and also prepare any necessary referral forms.*

## **Boundaries**

The issue of boundaries came up frequently in discussions and appears to have been one of the most challenging aspects of the pilot. There were three areas in which boundaries (or the lack thereof) presented problems:

<sup>16</sup>

In relation to communication between stakeholders, favourable reference was made to the District Interagency Teams process that was a joint initiative of the Department of Human Services and the Department of Education and Training. An evaluation of the Hume Region School Focused Youth Service District Interagency Teams was released in November 2006 (for further information, contact [linda.shields@dhs.vic.gov.au](mailto:linda.shields@dhs.vic.gov.au)).

- between agencies
- between agencies and volunteers
- professional-personal boundaries.

This section focuses on professional-personal boundaries. The importance of clarity of the roles and responsibilities of agencies has already been discussed in detail and the issue of volunteers will be dealt with in the next section.

Professional-personal boundaries can be a complex issue. In country towns, these boundaries are already more blurred than they typically are in a large city. A worker is also a parent, a parishioner, and a recognized member of the community and often mixes with the same group of people in these different contexts. As a result, even before the project started, the notion of work-life delineation was fuzzy for many people involved.

While the IHSS caseworker had worked with humanitarian entrants, she had not previously worked as closely with newly arrived refugees or with Africans. The caseworker recalled this time as “very daunting” and felt a great deal of responsibility, particularly for the safety of the entrants. Without a basic understanding of Western life, many day-to-day items and actions can be hazardous, and she found it a challenge to communicate dangers without being dictatorial or patronising.

Service providers’ lack of familiarity with newly arrived humanitarian entrants also meant that they were learning on the run. As a result, the IHSS caseworker was required to take on a far more active advocacy role than would be the case in an established settlement location where adequate systems are in place. While services, in particular health services, were very responsive to feedback, it did not alleviate the stress on workers in the initial period before new procedures were introduced.

Out of generosity and in order to respond to the entrants’ needs, a number of workers literally made themselves available in a professional capacity 24 hours a day, 7 days a week. Others became actively involved with the entrants in a variety of ways outside their professional roles. Other workers saw their role with the Congolese as limited to the workplace. Not surprisingly, there was some tension between the two groups about what was appropriate, although as in other areas, the generally excellent relations prevented these differences from becoming divisive.

While the involvement of some workers has facilitated inclusion of the Congolese in the fabric of the town, it must be noted that excessive involvement can take a toll on workers’ family life and health. This highlights the importance of professional supervision, that is, the counseling given to front-line workers to help them to:

- reflect on the work they are doing
- find a balance between assisting and overwhelming
- recognise and accept their limitations
- deal constructively with challenging issues with clients, fellow workers or other agencies
- avoid vicarious traumatisation
- most importantly, retain a sense of balance in their lives so that they are able to sustain their involvement for the long haul rather than burn out after a short sprint.

This supervision was not available at the time to IHSS workers,<sup>17</sup> although GO TAFE is currently taking steps to introduce it. There would be value in ensuring its availability to other key workers, especially in the health and education sectors. Another group who should routinely be provided with

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<sup>17</sup> It is acknowledged that the IHSS workers in Shepparton did have the opportunity to participate in AMES staff development program.

supervision is interpreters, particularly those who are recently arrived entrants themselves. Interpreters may be articulating, often in the first person, traumatic events similar to their own stories and this cannot but have an impact.

*Lesson 27: Professional supervision should be built into support structures for workers and interpreters interacting closely with the refugees.*

## **Volunteers**

During the course of the interviews, someone used an analogy in another context that, with a slight modification, is equally applicable here: “volunteers are like vitamins. They are essential and in the right dosage, make all the difference, but if you use too much or too little, it can be very damaging.”

There is general agreement that the pilot project could not have been delivered without the assistance of volunteers. Prior to the arrival of the first families, the IHSS provider made contact with the already well-established and active volunteer groups in town (including St Vincent de Paul, Probus, Rotary and the Country Women’s Association), and encouraged them to become involved with the Congolese. The IHSS coordinator also drew on many networks through the ECC. When the Congolese arrived and established links to the Catholic church and schools, a whole new set of volunteers became engaged.

It is hard to imagine that entrants in a large city could have experienced the breadth and depth of contact with the local community that occurred in Shepparton. The people of the town were overwhelmingly keen to become involved. Some acted as drivers, others helped around the homes and some took the families or children out on excursions. Congolese families were invited to community events and one of the early entrants has been invited to join Rotary. This outpouring of generosity has not, however, been without problems:

- Because of the late arrival of IHSS and almost accidental involvement of the Catholic schools, there was no structure in place at the beginning to coordinate the volunteers. Given the absence of this structure at the start, a number of the volunteers resisted any attempts to be brought into a structured program at a later date.
- There were many instances where volunteers took entrants out on excursions at times when they were scheduled to attend appointments, thereby delaying necessary services for the entrants and frustrating the workers.
- Volunteers gave conflicting advice about a range of issues – for example, what to eat and how to clean their homes - which was potentially very confusing for the entrants.
- Many volunteers had little or no experience of working with refugees and some were therefore unintentionally insensitive (for example, asking inappropriate questions about past experiences or family members) or did not give sufficient opportunities for the entrants to exercise choice. They also left themselves open to vicarious traumatising without being linked to support structures capable of recognising this.
- Some volunteer initiatives were not well planned. For example, one volunteer agency wanted to provide a car for the Congolese but little thought had been given as to who would take primary responsibility for the vehicle, including insurance and registration. Only one member of the Congolese community had an international driver’s license, but the Congolese community did not agree that he should be responsible for the car. In the end, the car was not donated and a series of driver education classes were offered instead.

- It is unclear whether entrants were given enough time and space to themselves. Volunteers were keen to visit them, take them places and interact with them, and there was no way of monitoring whether the Congolese were given adequate privacy or opportunities to make their own decisions.
- The willingness of the volunteers to become involved meant that help was provided whenever the Congolese asked. While this has been valuable at times, it may also have encouraged dependency. This works against the entrants' progression towards independence and has built up a set of expectations that will be hard to sustain.

This is not to diminish in any way the contribution made by volunteers. There were a number of very positive, constructive volunteer-led initiatives. One of these centred on lawn mowing: a lawn mower and trimmer were purchased and in the beginning, volunteers went to the entrants' homes to mow the lawns. Next, the Congolese learnt to mow their own lawns under the supervision of the volunteers. When they were comfortable with this, the entrants were able to borrow the mower to mow their lawn. This is a classic use of the "show once, teach once, do once" model, which gives entrants the skills they will ultimately need to rely on at times when assistance is not available.

*Lesson 28: Coordination of volunteers is critical. Resources should be made available to ensure a structure is put in place to enable recruitment, training, supervision and monitoring of volunteers. Volunteer activity should be guided by the IHSS principles, including developing independence and encouraging self-reliance.*

## **Donations**

The willingness of local people to volunteer their time was matched by their willingness to donate. In many ways this was welcome as the household formation package did not cover all necessities, in particular for the families who arrived in winter.

Through the generosity of local charities, every refugee who arrived in winter was given a coat, hat and gloves when they arrived at the airport. On the second day, all entrants taken to a warehouse where they could select three sets of clothing. Donated blankets were also handy as the quilts they were given were not warm enough for the cold winter nights. Families also regularly found boxes of fruit or vegetables on their verandahs.

However, as with volunteer involvement, over-abundance and lack of coordination were issues. Giving directly to families became problematic, even if they had no use (or space) for the things they were offered, they would see it as impolite to refuse. It also soon emerged that the donations were not always addressing needs.

While a number of agencies tried to exert some control over the donations (for example, asking people to take goods to centralised points for fair distribution), there was not full cooperation as people wanted to give directly to the entrants with whom they had established a relationship.

*Lesson 29: A suitable agency should be identified to act as a central donation point. All donations should be made through this channel to ensure that the entrants get what they need and have equitable access to donated goods.*

## **The Congolese entrants**

The fact that the section on the Congolese entrants has been left so late in this report should in no way be seen as a reflection of their lack of importance. They are, of course, what the pilot project was all about and everyone is clear that it was in no small part because of them, that it was such a great success.

The Congolese entrants were seen as “nothing short of amazing” in terms of their resilience, capacity for learning and their willingness to be involved. They gained a great deal of respect by being outwardly focused and employment oriented and their friendly natures made it easy for everyone to engage with them. The children were a huge hit due to their ready smiles and tendency to wave at people in the street. Further, the fact that they walked a lot, and engaged with locals as they did so, made them very visible. All of this was supported by their near celebrity status in the local media.

Both the Congolese and the town were very fortunate that the first arrivals met the key criteria set out by the Steering Committee. The head of one of these families has since taken on an important role as spokesperson and leader. He and his family have set an example of responsible engagement and the others have followed. Whenever tensions have arisen within the Congolese community (as they inevitably will, especially given the tribal differences within the group), he has been quick to refocus their attention on their responsibilities to the community.

It is difficult to know to what extent the largess bestowed on the Congolese has been valuable or detrimental from their perspective:

- Have they been given the space they need to develop independence?
- Have they been allowed to find their own path or has it been imposed upon them?
- Have they been given a chance to express their own wishes and desires or have they, out of courtesy and gratitude, gone along with what others have decided for them?
- Have they had enough privacy to deal with their trauma, or has the extent of their trauma been minimised because they are so open and outgoing?
- Were the expectations on the early arrivals too great, and were they given enough space to deal with their own settlement before being called upon to take on leadership roles?

These are all important questions that do not fall within the bounds of this evaluation. However, one question that can be answered is whether they missed out by being settled in a regional town rather than a major city. Those involved in the pilot were unanimous that the advantages of being in Shepparton far outweighed any benefits of a metropolitan center.

## ***Reaction of the local community***

### **The broader community**

*“We think we are the givers but we have gained so much more than we have given”<sup>18</sup>*

As has already been discussed, the people of Shepparton responded to the call for their assistance for the Congolese in a most remarkable way, with an outpouring of generosity, kindness and welcome that took even the most optimistic observers by surprise. Even current stresses created by severe frosts during winter and the drought do not appear to have had a significant impact on Shepparton’s response to the Congolese. It is apparent that the people of Shepparton take considerable pride in the way they have been able to respond to the challenge of providing a new home for the Congolese.

*Lesson 30: A supportive and welcoming community is an essential ingredient of any regional settlement initiative and this is something that must be cultivated and nurtured.*

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<sup>18</sup> A member of the Steering Committee when reflecting on the impact of the Congolese pilot on the town.

## Other refugee groups

The local response to refugees, however, might be seen as somewhat uneven. Many people made reference to the 'hierarchy' of refugees in the town. As opposed to Afghan and Iraqi residents, the Congolese appear to be most favoured, having been deliberately selected and invited into the town.

Many of the Iraqis and Afghans have found it difficult in Australia. Some had been detained then released on Temporary Protection Visas that denied them access to basic support. They have been given little reason to feel welcomed and few opportunities to engage with the Australian community. The more recent arrivals are family members who are rejoining husbands from whom they have been separated for many years and who, in many cases, lack the skills to provide adequate support.

It would be reasonable to assume that the Iraqis and Afghans would feel resentful towards the Congolese because of the extraordinary support they received, in contrast to their own reception. However, this does not appear to be the case and the Iraqi community in particular has been particularly very supportive. Members of the Iraqi community have provided generous and timely assistance to the new entrants, expecting nothing in return. A senior member of the Iraqi community was also an active and respected member of the Steering Committee whose advice was eagerly sought and well received. He was able to give many valuable insights into the refugee experience.

During the evaluation, many stories emerged of the extraordinary generosity of spirit of the Iraqi community, not only towards the Congolese but towards the Afghans<sup>19</sup> and other locals. It would appear that the Iraqis' gratitude for being given a place of safety has transcended any feelings of resentment they might otherwise have harboured and they clearly feel a real connection and commitment to Shepparton. While not so much a 'lesson' for other regional settlement locations, the story of the Iraqis in Shepparton is one that deserves to be widely shared and the leaders who made this happen should be given due recognition.

It would appear that the Afghans, who are much more recent and far less numerous residents of Shepparton, are also getting on well with the Congolese. Service providers reported that there had been no problems and on more than one occasion while the researcher walked through the grounds of TAFE, she saw mixed groups of Afghan and Congolese women chatting with each other in an animated fashion on their way to English classes.

This raises a question whether the prior presence of refugees in Shepparton was a key to pilot's success. Those who expressed an opinion on this thought not. While Shepparton had a population of refugees, there was no experience with direct unlinked settlement. Service providers were quick to point out that this required very different responses. There was general agreement that the work done specifically for the Congolese and the nature of the town were far more important factors in determining the success of the pilot than the prior presence of refugees.

*Lesson 31: The prior existence of a refugee community is not a prerequisite for direct refugee settlement into a regional area. Far more significant is commitment, effective planning and good cooperation between relevant sectors, combined with a welcoming community.*

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<sup>19</sup> One example is that when a young Afghan man tragically drowned at an Eid celebration, the Afghan community was in shock so the Iraqis stepped in and assisted with the organisation of the funeral.

## **The Indigenous Community**

As a result of an unintentional oversight, few steps were taken to engage with the local Aboriginal community prior to the arrival of the Congolese<sup>20</sup> and no opportunities were found for the Congolese to meet with Aboriginal residents of the town or to learn about Aboriginal culture and traditions.

The Shepparton pilot was very different to any regional settlement that has hitherto occurred. It is the first planned entry and the entrants had been 'invited' into the town by all three levels of government. Out of respect for the custodians of the land, it would have been appropriate to have informed the traditional elders about the Congolese and to invite them, should they have wished to do so, to welcome the newcomers to their land.

While no problems have emerged in Shepparton, there is evidence elsewhere that resentments and tensions can occur, particularly if the local Aboriginal community believes that new entrants, especially ones with black skins, are the recipients of support and generosity to which they have no access.

*Lesson 32: Steps should be taken to inform traditional Aboriginal elders about the settlement initiative (including who will be coming and why), seek their approval and ask for their help sharing information about the settlement initiative with the members of their community.*

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<sup>20</sup> Exceptions were a series of discussions about the possible use of the local Aboriginal Health Service by Congolese entrants and about including Congolese women in sewing classes at the community centre.

## 5. Further challenges for Shepparton

As the Shepparton Regional Settlement Pilot draws to a close, there are two important issues to bear in mind:

- i. Successful settlement takes much longer than one year. The Congolese are still very much in the 'honeymoon' phase and have quite some way to go before they are independently functional members of the Australian community. Ongoing support will be needed.
- ii. The original intention of establishing new regional settlement locations is for continuing settlement to occur. That is, it was not envisaged that Shepparton accept the Congolese and then cease its involvement with refugees.

This leads to a number of questions that need to be asked, not least:

- What are the unmet needs of the Congolese and how can Shepparton respond to these?
- What structures are needed to underpin ongoing settlement planning?
- Is it possible or even desirable to maintain the high level of community support?
- What is a sustainable level of service delivery, and how can this be achieved?
- Does ten families constitute a critical mass?
- Should more Congolese be settled?
- What will happen when the Congolese start to propose others?
- Will issues of tribal affinity, class and religion surface within the Congolese community and become divisive?
- When will the local community stop viewing them as a novelty and begin to see them as part of the community?

These are questions for the Steering Committee and other key stakeholders to answer. This being said, the current research pointed to a number of areas in which specific actions seemed desirable. The following sections provide some recommendations about the way forward for Shepparton

### **“Closure”**

Commitment was sought from the service providers in Shepparton to participate in a twelve-month pilot project involving the settlement of ten Congolese families. The twelve months has elapsed and the ten families have arrived. While there is clearly much more to be done for the Congolese and other refugee families, it is both practically and symbolically important to acknowledge that the pilot is over and that everything that is done in the future is 'business as usual'.

*Recommendation 1: That, as the initiator of the Shepparton Regional Settlement Pilot, DIAC organise a ceremony in Shepparton that brings together those involved in the planning and implementation of the pilot, key members of the local community and the Congolese families to acknowledge their extraordinary effort, publicly thank the workers and community members and call on them to maintain their commitment to supporting humanitarian entrants. Steps should be taken to ensure that this receives good coverage in the press so that anonymous supporters are also thanked.*

### **Role for Steering Committee**

While the Steering Committee's role in planning and implementing the pilot is complete, there is still a pressing need for a settlement planning committee to take a leading role, drawing on the valuable lessons learnt during the pilot. Consideration might also be given to including representatives of the various refugee communities in the Steering Committee (or if more appropriate, subcommittees) so that they are not objectified but rather can play an active role in planning for their future.

*Recommendation 2: That the Steering Committee be reconstituted as the Goulburn Valley Settlement Planning Committee, and that it be tasked with developing a strategy for meeting ongoing settlement needs not just of Congolese but all current and future humanitarian entrants in the region.*

It is important not to lose sight of the valuable contribution made by the subcommittees and thought should also go into retaining these structures if they are not duplicated elsewhere.

*Recommendation 3: That the Goulburn Valley Settlement Planning Committee establish thematic subcommittees to take responsibility for implementation of relevant sections of the settlement plan and to work towards ensuring service delivery models are streamlined, efficient and well integrated.*

### **Achieving a Sustainable Level of Service Delivery**

An important role for the newly constituted Planning Committee will be to consider what a sustainable level of service delivery is and how it can be achieved. The Congolese pilot was approached very much like a 100-metre sprint: not only was it a high profile race but the finish line was within sight. A huge amount of energy was expended to achieve the best possible outcomes. But settlement is not a sprint. Rather, it is a marathon and those participating have to pace themselves and leave enough energy to make it over the unexpected hills they encounter along the way.

*Recommendation 4: That the Goulburn Valley Settlement Planning Committee give consideration to refocusing service delivery models so that they are sustainable in the long term and do not place undue demands on workers or volunteers, while at the same stage meeting the needs of entrants.*

### **Breaking down dependency**

The high level of support the entrants have received, combined with the extraordinary generosity they have been shown, has resulted in the Congolese expecting help to be on hand when they need it. Instead of building their own skills and taking responsibility for achieving goals, many have learnt to 'sit back' and be supported. This is reinforcing the learned dependency many refugees acquire in refugee camps and not in their long-term best interests.

Once it is ingrained, it is hard to wean people from a life of dependency. Doing this requires saying "no" and ensuring others do the same. It is about helping entrants to understand that the withdrawal of support is not being done to punish them or because they are no longer welcome but rather to ensure that they become more actively involved in shaping their own future.

*Recommendation 5: That each of the agencies working with the Congolese develop strategies designed to promote the progression towards independence while not jeopardising the trust that has been established in the last year.*

### **Supporting workplace participation**

A significant number of the entrants are already in employment but it is fair to say that in most cases, the work they are performing is not at a level commensurate with their skills. Simply 'getting a job' should not be the objective for either the entrants or the employment services. Rather, the first job should be seen as a stepping-stone and plans put in place to use this experience to progress towards a type of employment that better matches the entrant's skills and capacity. Failure to do this will be psychologically damaging for the entrant and a waste of potential skills for the community.

*Recommendation 6: That support agencies and employment focus on ensuring that initial workforce participation is not an end in itself but part of a progression towards employment that matches the skills and capacity of the entrants.*

Questions might also be asked about how the new Welfare to Work changes or other developments on the drawing board might affect the Congolese.

*Recommendation 7: That employment agencies be mindful of the impact of new and proposed employment policies on the Congolese and consider how any negative impacts might be managed.*

### ***Building a Congolese community***

The Congolese arrived as ten families from different backgrounds and tribal groups. The challenge they face is to become a community. The Congolese have been fortunate to have had in their midst people with strong leadership skills who are already well on the way to binding the group into a unified whole.

The ECC's Refugee Broker has provided guidance and support to enable the establishment of a Congolese Association, an important first step. The group, however, will need ongoing advice. Attention should also be given to ensuring the women and young people are given a voice when the time is right. Thus far the women are still too busy with learning English, establishing their homes and supporting their children.

*Recommendation 8: That ongoing support be provided for the Congolese entrants to establish and strengthen their own community structures.*

### ***Sustaining community enthusiasm***

Community involvement in the pilot has been so high it is hard to envisage that it can be sustained. The challenge will be how to manage the inevitable decline of enthusiasm while retaining general good will and vital support structures. Another challenge will be to motivate the community to be as welcoming of other refugee groups (existing and potential) as they have been towards the Congolese.

*Recommendation 9: That the Goulburn Valley Settlement Planning Committee give consideration to developing a strategy for maintaining public awareness of and interest in local settlement initiatives and at the same time, support the development of more coordinated mechanisms (volunteer programs and donation hubs) for locals who want to contribute their time or goods or become involved in any other way.*

### ***Engaging the Indigenous community***

The fact that links were not made in the first instance to the local Aboriginal community does not mean that it is too late to make them now. It would be better to do so before any tensions arise than to try to build bridges should this happen.

*Recommendation 10: That steps be taken to inform the local Aboriginal elders about the reasons for the presence of Congolese in Shepparton, and that opportunities be sought to bring together members of the Aboriginal and Congolese communities (such as soccer games, barbecues etc).*

## **6. Acknowledgements**

It would be inappropriate to conclude without acknowledging and thanking the people who participated in this research. They gave generously of their time and wisdom to the researcher, providing an invaluable insight into their world.

They had been presented with the challenge of being pathfinders. Their collective skills, collegiality and determination to succeed served them well. The pilot was a continuous learning experience and as the year progressed, they were able to test out the plans they had so carefully devised. Many things worked smoothly. Some did not. From the perspective of a researcher, their willingness to reflect upon the year and acknowledge the problems was both valuable and refreshing.

This report is a summation of their collective wisdom, insights and suggestions. It is hoped that it will be useful for other centres embarking on regional settlement initiatives and that as a result of this report, they will be able to replicate the successes of Shepparton while avoiding some of the pitfalls.